

OCT 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Mississippi
 Township Jefferson
 City Madison

Registration District No. 566Primary Registration District No. 5762File No. 34801Registered No. 167

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Near 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Near 82

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Rev. J. H. Thomas P.
2724 1/2 East Main St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Cemetery DATE Sept 21, 1937

19. UNDERTAKER (ADDRESS)

Frank J. Vernon
Madison Mo.

20. FILED

9-21-1937J. D. Vernon

Registrar.

MEDICAL CERTIFICATE OF DEATH 9 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 A. 1937

22. I HEREBY CERTIFY, That I attended deceased from

I did not, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisChronic Nephritis

Date of onset

Other contributory causes of importance

HypertensionSenility

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

28. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Vernon, M. D.(Address) Charleston

